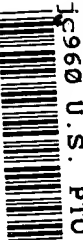


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1c960 U.S. PTO

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Piper Marbury Rudnick & Wolfe
203 North LaSalle Street
Suite 1800
Chicago, Illinois 60601-1293
Telephone (312) 368-4000
Telecopier (312) 236-7516

Attorney Docket No.: P-6125

Date: January 12, 2001

BOX: PATENT APPLICATION
ASSISTANT COMMISSIONER FOR
PATENTS
Washington, D.C. 20231

Sir:

We enclose the following papers for filing in the United States Patent and Trademark Office in association with a new patent application:

By: Evelyne LE STRAT, Catherine LERETAILE and Stéphane GOSNE

For: PROCEDES ET DISPOSITIFS DE TRAITEMENT POUR L'EMISSION DE
SYMBOLES D'INFORMATION SUR DES CANAUX MULTIPLEXES, ET DE
TRAITEMENT CORRESPONDANT POUR LA RECEPTION

- ☒ Patent Cover Page - 1 sheet.
- ☒ Application - 40 sheets; including 14 claims total.
- ☒ 8 sheet of drawings (informal).
- ☐ Declaration and Power of Attorney.
- ☐ An Assignment of the invention to _____, a corporation of the State of _____.
- ☒ Benefit of the filing date of French Application No. FR 00 00494 filed January 14, 2000 is claimed pursuant to 35 U.S.C. 119.

01-16-21

A

Certificate of Mailing by "Express Mail"

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I hereby certify that this correspondence is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to Box: Patent Application, The Assistant Commissioner of Patents, Washington, D.C. 20231.

Stephanie Warner-Wallace

Name (typed or printed)

Stephanie Warner-Wallace

Signature



1c903 U.S. PTO

09/759843

01/12/01

00759843 011201

- ☐ A certified copy of _____, Application No. _____.
- ☐ A Verified Statement to establish small entity status under 37 CFR 1.9 and 37 CFR 1.27.
- ☐ An Information Disclosure Statement Under 37 CFR 1.97, including ____ references.
- ☒ The filing fee has been calculated as shown below:

	(COL. 1) NO. FILED	(COL. 2) NO. EXTRA	SMALL ENTITY	OTHER THAN A SMALL ENTITY
FOR:			RATE FEE	RATE FEE
BASIC FEE			\$ OR	\$ 710.00
TOTAL CLAIMS	14 - 20 =	*0	x 9 = \$	0 x 18 = \$ 0
INDEP CLAIMS	- 3 =	*0	x 40 = \$	0 x 80 = \$ 0
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENTED			+ 135 = \$	0 + 270 = \$ 0
* If the difference in Co. 1 is less than zero, enter "0" in Col. 2.			TOTAL \$	OR TOTAL \$ 710.00

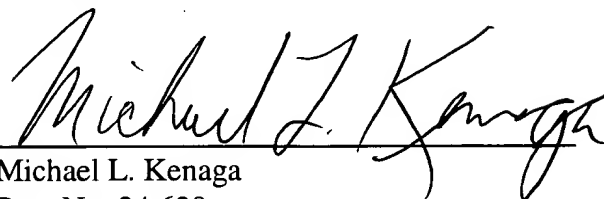
- ☒ A check in the amount of \$710.00 to cover the filing fees is enclosed.
- ☐ Please charge our Deposit Account No. _____ in the amount of \$_____. A duplicate copy of this letter is enclosed.
- ☐ The Commissioner is hereby authorized to charge any additional filing fees that may be required under 37 CFR 1.16 for this application and for any amendment thereto, or credit any overpayment to Account No. _____. A duplicate copy of this letter is enclosed.
- ☐ The Commissioner is hereby authorized to charge payment of the following fees during the pendency of this application or credit any overpayment to Deposit Account No. _____. A duplicate copy of this letter is enclosed.
- ☐ Any patent application processing fees under 37 CFR 1.17.
- ☐ The Issue Fee set in 37 CFR 1.18 at or before mailing of the Notice of Allowance, pursuant to 37 CFR 1.311(b).

Please address all telephone calls to Michael L. Kenaga at telephone number
(312) 368-8937.

Please address all correspondence to:

Michael L. Kenaga
Piper Marbury Rudnick & Wolfe
P.O. Box 64807
Chicago, Illinois 60664-0807

Respectfully submitted,

A handwritten signature in cursive script, reading "Michael L. Kenaga", written over a horizontal line.

Michael L. Kenaga
Reg. No. 34,639

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